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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

2006 NOV 22 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000093745

1. Entity Name
Jacobdavid, Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
737 NW, 102 ST
Bldg., Apt. #, etc.

3. Mailing Address
Bldg., Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33150 Country

Zip Country

4. FEI Number
20-5905107

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name **Dionayka Sagarra**

Street Address (P.O. Box Number is Not Acceptable)
5281 NW, 4 ST

City **Miami** FL Zip Code **33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **100082149251**
11/29/06--01066--006 **300.00

NOTE: Registered Agent signature required when substituting


January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. REGISTERED AGENT
TITLE President	NAME Dionayka Sagarra	NAME
STREET ADDRESS 5281 NW, 4 ST	CITY-STATE-ZIP Miami, FL 33126	STREET ADDRESS
TITLE	NAME	CITY-STATE-ZIP
NAME	STREET ADDRESS	CITY-STATE-ZIP
STREET ADDRESS	CITY-STATE-ZIP	NAME
CITY-STATE-ZIP	TITLE	STREET ADDRESS
TITLE	NAME	CITY-STATE-ZIP
NAME	STREET ADDRESS	CITY-STATE-ZIP
STREET ADDRESS	CITY-STATE-ZIP	NAME
CITY-STATE-ZIP	TITLE	STREET ADDRESS
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TITLE	NAME	CITY-STATE-ZIP
NAME	STREET ADDRESS	CITY-STATE-ZIP
STREET ADDRESS	CITY-STATE-ZIP	NAME
CITY-STATE-ZIP	TITLE	STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **11/22/06**
US-06

SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paye W

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **JACOBDAVID, CORP.**

Thank you for your courtesy in this matter.

